

**Victim Service Provider Client Consent for Client Track**  
Effective April 7, 2014

**Purpose of this form:** This Victim Service Provider uses Client Track. Client Track is a database and case management system that collects and maintains information on the characteristics and service needs of clients. The Client Track database is comparable to a Homeless Management Information System, except it is a closed system. The system collects and stores client-level data that can be utilized to generate unduplicated and aggregate reports for the U.S Department of Housing and Urban Development (“HUD”) that can be analyzed to determine the use and effectiveness of the services being provided by Victim Service Provider. When you request or receive services, we may collect data about you and your household such as:

- First name and last names, dates of birth, Social Security Numbers, driver’s license numbers gender, religious affiliation, ethnicity, race, veteran status, prior residence, contact information and program status.
- Your service needs, income, benefits, education, employment, destination, disability, general health, as well as pregnancy, HIV/AIDS, behavioral health, legal and history of domestic violence, dating violence, sexual assault, and stalking.

**How will my data be used?**

Your data will be entered into the Client Track to generate reports that can be analyzed to determine the use and effectiveness of the services being provided by the Victim Service Provider. The ways in which this Victim Service Provider may use or disclose your information are discussed in our Notice of Privacy Practices, which is posted in this Victim Service Provider near the intake stations (or comparable location) for review by clients.

**How will my data be protected?**

We will enter your data in a computer program that is protected by passwords and encryption technology. Each Victim Service Provider and user must sign an agreement to maintain the security and confidentiality of your information. Any person or Victim Service Provider that uses the Client Track and violates the terms of the agreement may lose its access rights and may be subject to other negative consequences.

**Client Informed Consent**

By signing this form:

- ☐ 1) I agree that this Victim Services Provider and its employees and agents enter all of my information into the Client Track.
- ☐ 2) I agree, that this Victim Services Provider may enter all of my information into the Client Track, with the exception of:

(Check All That Apply)

☐ Disabling Condition

☐ Family Information, including children and/or partner

☐ Legal/criminal history

☐ Service information

☐ Social Security Number

☐ Health Information

☐ Other \_\_\_\_\_

☐ 3) I do not agree to allow this Victim Service provider to enter any of my information into the ClientTrack.

☐ 4) I do not agree to provide any information to this Victim Service Provider and I understand that I may not be able to receive certain services from this Victim Service Provider if my eligibility to receive these services cannot be verified.

**I UNDERSTAND THAT:**

- The Victim Service Provider may not refuse or decline services to me if I refuse or am unable to provide information; however, some information may be required by the applicable program to determine eligibility for housing or services, to assess needed services, or to fulfill reporting requirements. Therefore, I am not required to sign this consent. I may request a copy of this consent.
- This consent form expires in five (5) years. I have the right to revoke this consent at any time in writing, except to the extent that the information has already been released.

This Victim Service Provider has posted a Notice of Privacy Practices, and I may request a paper copy of the Notice from this Victim Service Provider. I acknowledge that I have been given an opportunity to read and/or request a copy of the Notice and that I have read the Notice. The Notice describes ways in which my personal information may be used and disclosed. Every effort will be made to ensure the proper use and security of my information.

\_\_\_\_\_  
Signature of Client or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Witness

\_\_\_\_\_  
Date